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Clinical Congress News

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At Convocation

President urges Initiates and ACS to ponder past and prepare for the future

The surgical profession has continuously evolved, and the changes that have occurred over the last few decades in particular have produced “significant tension for our profession. That is not surprising because progress and improvement will not occur without conflict,” R. Scott Jones, MD, FACS, the newly installed President of the College, said during his Presidential Address last night at the Convocation ceremonies.

Dr. Jones explained how the internal and external conflicts between members of the medical profession and the government, insurers, and other stakeholders in the system have emerged and what surgeons can do to enhance patient care in the future. He began with a brief overview of the socioeconomic and political history of surgery and organized medicine in the U.S.

During the 17th Century, “medical practitioners were either self-taught or learned through apprenticeship. There were no medical schools, medical societies, hospitals, or medical licensure,” Dr. Jones said. However, the first law concerning the practice of medicine in the English Colonies was enacted in the

Virginia Assembly in 1639. Ironically, given the current concerns about reimbursement, the purpose of that legislation was to control costs by regulating physicians’ fees.

Virginia, New York, and New Jersey went on to pass licensing laws during the 18th Century. Also during the 1700s, the first medical societies were formed, the first colonial hospital opened, and the first U.S. medical school was established, Dr. Jones said.

After the Civil War, all states began to address the issues of licensure and medical education. Additionally, tremendous scientific advances in pathology, drug development, radiology, anesthesia, and surgical practice occurred in the 19th Century. “Despite these changes, doctors, among those with education, generally had low status, low earnings, and little power,” Dr. Jones said. To respond to these problems and to increase physicians’ strength, the American Medical Association (AMA) and specialty societies surfaced.

Nonetheless, the greatest advances in organized medicine occurred during the 20th Century, largely because the provision of health care and payment for

those services had grown increasingly complicated. The first private health insurance program was initiated in 1929 at Baylor University Hospital in Dallas, TX, and despite firm opposition from the AMA, prepaid health plans similar to today’s health maintenance organization (HMOs) started in the early 1940s.

“Following World War II, the federal government again turned attention to health care when the Truman Administration advocated national health insurance,” Dr. Jones said. Further, the federal government supported medicine with large infusions of money and program support that continues today, Dr. Jones said, pointing to funding for medical research, mental health programs, the Veterans Administration, and community hospital construction. “Perhaps the most significant event in health care in the United States occurred on July 30, 1965, when President Lyndon Johnson signed into law the legislation to introduce Medicare and Medicaid,” Dr. Jones added.

The cost of health care continued to rise significantly throughout the 1960s, though, and in 1971, President Richard Nixon imposed wage and price controls,

limiting increases in physicians’ fees and hospital charges, Dr. Jones said. Caps on payment increases would continue throughout the remainder of the 20th Century with the development of prospective payment systems and managed care.

As we embark upon the 21st Century, Dr. Jones observed, “Certainly cost remains the point of focus, particularly for government, the corporate sector, the public, and the medical profession, but the quality of health care demands additional attention.”

Dr. Jones noted that the Institute of Medicine’s Committee on Quality of Health Care in America recently published a report, *Crossing the Quality Chasm: A New Health System for the 21st Century*. He said the report lists four underlying reasons for inadequate quality of care: (1) the growing complexity of science and technology; (2) the increase in chronic conditions experienced by a population that is living longer; (3) a health care system that is “generally fragmented, poorly organized, and uncoordinated”; and (4) constraints on the revolution in information technology.

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Dr. Carrico named ACS President-Elect

CJames Carrico, MD, FACS, of Dallas, TX, was named President-Elect yesterday afternoon during the Annual Meeting of Fellows and Initiates, which took place at the Morial Convention Center. Dr. Carrico is the Doris and Bryan Wildenthal Distinguished Chair in Medical Science and professor, department of surgery, at the University of Texas Southwestern Medical Center at Dallas.

A Fellow of the College since 1971, Dr. Carrico has served in a number of leadership roles within the organization. He has served as the Chair of the Board of Regents since 1999 and has been a Regent since 1992. He also is currently a member of the Committee on Continuing Education and served as its Vice-Chair from 1984-1986, and on its SESAP IV and V Committees from 1980 to 1982 and from 1982 to 1984, respectively. Dr. Carrico served on the Board of Governors from 1984 to 1990 and as its Chair from 1989 to 1990. In addition, he was a member of the Program Committee in 1995 and of the

Pre- and Postoperative Care Committee from 1975 to 1983, serving on the Executive Committee of the latter body from 1978 to 1981.

A specialist in burn, trauma, and critical care, Dr. Carrico was a member of the Committee on Trauma from 1982 to 1992; he was Vice-Chair of its Executive Committee from 1986 to 1989, Chair of the Washington State Committee from 1979 to 1982, and Chair of Region X from 1982 to 1990.

Dr. Carrico has been very active at the chapter level, as well. He served as President of the Washington State Chapter from 1989 to 1990 and as the President of the North Texas Chapter from 1996 to 1997.

Dr. Carrico earned his medical degree in 1961 from the University of Texas Southwestern Medical School at Dallas, where he subsequently performed his research Fellowship under the direction of G. Tom Shires, MD, FACS. He completed his internship and residency at Parkland Memorial Hospital in Dallas. After finishing his residency, Dr. Carrico

served in the U.S. Navy and established the shock unit at San Diego Naval Hospital.

From 1969 to 1972, Dr. Carrico was assistant professor of surgery at the University of Texas Southwestern Medical School; he served as associate professor of surgery at that institution from 1972 to 1974. Dr. Carrico then ventured to the northwest portion of the country to work at the University of Washington School of Medicine, Seattle. While there, he served as an associate professor of surgery from 1974 to 1976, as professor of surgery from 1976 to 1990, and as professor and chairman of the department of surgery 1983 to 1990. In 1990, Dr. Carrico returned to the University of Texas Southwestern Medical Center to serve as professor and chair of the Department of Surgery.

Dr. Carrico is a member of numerous medical and surgical organizations, including the American Association of Surgery of Trauma, of which he was President from 1992 to 1993. Dr. Carrico



Dr. Carrico

also holds membership in the American Surgical Association, American Trauma Society, Sigma Xi, Surgical Infection Society, Society of University Surgeons, and Society Internationale De Chirurgie.

(continued on page 2)

David L. Nahrwold receives Distinguished Service Award

The Distinguished Service Award—the highest honor awarded by the American College of Surgeons—was presented to David L. Nahrwold, MD, FACS, of Chicago, IL, yesterday afternoon during the College’s Annual Meeting of Fellows and Initiates. Dr. Nahrwold received the award in acknowledgment of his outstanding leadership in advancing surgical training and the practice of surgery; his dedicated service to the College, his distinctive contributions to surgical education, his leadership role in various surgical societies, and his research contributions in biliary disease.

Dr. Nahrwold has served the College in numerous capacities since becoming a Fellow in 1971. He is a former member of numerous ACS committees, including the Committee for the Forum on Fundamental Surgical Problems, the Program and Development Committees, the Nominating Committee of the Fellows, and the special Task Force on Accreditation. He has represented the College to the Council of Medical Specialty Societies and to the American Board of Surgery. He has been a member and Chair of the Board of Governors



Dr. Nahrwold

and a member of the Board of Regents. Most recently, he served as Interim Director of the College.

Dr. Nahrwold received a medical degree from Indiana University School of Medicine, Indianapolis, in 1960. In 1960, he began an internship at Indiana University Medical Center, Indianapolis, where he also completed a residency in general and cardiothoracic surgery in 1965. After residency training, Dr. Nahrwold was a postdoctoral scholar in

gastrointestinal physiology, at the Veterans Administration Center of the University of California at Los Angeles from 1965 to 1966. Dr. Nahrwold served in the U.S. Army from 1966 to 1968, including as chief, general surgery, General Leonard Wood Army Hospital, Fort Leonard Wood, Missouri. Since 1999, Dr. Nahrwold has been emeritus professor of surgery at Northwestern University, where he has served as professor of surgery (1982-99) and executive associate dean for clinical affairs (1997-99) for Northwestern University Medical School, and president and chief executive officer of Northwestern Memorial Faculty Foundation (1996-99). He has also served Northwestern University Medical School as the Loyal and Edith Davis Professor and chairman, department of surgery (1982-97), and Northwestern Memorial Hospital as surgeon-in-chief (1982-97).

Throughout much of his distinguished career, Dr. Nahrwold has been a leader in organized surgery. He served as director and chairman of the American Board of Surgery (ABS) and as chairman of the certification and examination committee, plans committee, and executive examination committee of the ABS.

He has been: a member of the Accreditation Council for Graduate Medical Education (ACGME); a member and president-elect of the American Board of Medical Specialties; treasurer of the International Federation of Surgical Colleges; and president of the Chicago Surgical Society, the Society for Surgery of the Alimentary Tract, and the Central Surgical Association.

Dr. Nahrwold has previously served on the editorial boards for *Surgery*, *Surgical Gastroenterology*, *Archives of Surgery*, *Journal of Lithotripsy and Stone Disease*, *Current Opinion in General Surgery*, and *Postgraduate General Surgery*, and is currently on the editorial boards for *Journal of Gastrointestinal Surgery*, the *American Journal of Surgery*, *Digestive Surgery*. He has been a book review editor for the *Journal of the American College of Surgeons*, and editor-in-chief (1993-97) and editor emeritus (1997-present) of the *Journal of Laparoendoscopic Surgery*.

The College’s Board of Regents is pleased to recognize Dr. Nahrwold’s outstanding contributions by naming him the 2001 recipient of its highest honor, the Distinguished Service Award.

PRESIDENT, from page 1

The report asserts that “health care should be safe, effective, patient-centered, timely, efficient, and equitable,” Dr. Jones added.

Dr. Jones said surgeons may actively respond to these points, particularly if organizations such as the American College of Surgeons emphasize four areas of concern: (1) responsiveness to all stakeholders in the health system, including nonsurgeon practitioners, the government, the health insurance industry, and purchasers of care; (2) continued dissemination of information through meetings, the *Journal of the American College of Surgeons*, and electronic means; (3) expanded support of clinical

trials and other methods that will help to contribute to evidence-based practice; and (4) the facilitation of quality control.

Guiding all of these efforts should be a firm commitment to ethics. “The simmering of medicine, government, and the corporate sector in the broth of the trillion dollar [health care] economy at some point will involve discussions of self-interest vs. the interests of others, or altruism,” Dr. Jones said.

Quoting from medical ethicist Albert Jonson, Dr. Jones defined self-interest as promoting “for oneself the values of preservation, growth, and happiness” and altruism as promoting “the preservation, growth, and happiness of other

persons even to the detriment of one’s own interest.” He added that “altruism and self-interest coexist in all moral lives. They have a reciprocal relationship that varies from time to time and from circumstance to circumstance.” Those individuals entering the surgical profession “would be well-served by a better than average endowment of altruism,” Dr. Jones said.

The ability to look beyond one’s self-interest will be a particularly important attribute to have as the profession readies itself for the ongoing debates over quality and the health care system in general. “When we engage in dialog with payors, government workers, corporate

representatives, managers, [and so on] about patient-related matters, we must support the interests of the patient,” Dr. Jones said. “Medicine is an occupation that strives to maintain trust. In the heart of every patient there must dwell the questions: Can I trust this doctor? Is he/she committed to excellence? Does he/she care about me?”

Dr. Jones noted that while change is a constant, “some things do not change: the medical profession’s mission of service. The medical profession has served the interests of societies and patients since hundreds of years before Christ,” he added. “We must never forget that we are here to serve.”

DR. CARRICO, from page 1

A prolific author of clinical articles, Dr. Carrico currently serves on the editorial boards of the *Journal of the American College of Surgeons*, *Annals of Surgery*, and *World Journal of Surgery*.

In addition, Dr. Carrico serves on the Injury Research Grant Review Committee of the Centers for Disease Control and Prevention and the American Board of Surgery (ABS). He was president of the ABS from 1992 to 1993.

In other actions taken yesterday, the Fellows named Richard R. Sabo, MD, FACS, Bozeman, MT, as First Vice-President-Elect, and Amilu S. Rothhammer, MD, FACS, Colorado Springs, CO, as Second Vice-President-Elect.

Dr. Sabo is a general surgeon in private practice and is staff surgeon at

Bozeman Deaconess Hospital. He was a Regent from 1991 to 2000 and Vice-Chair of the Board of Regents from 1999 to 2000. Dr. Sabo has been active on many ACS committees, including the Informatics, Central Judiciary, Communications, Organization, and Nominating Committees.

Dr. Rothhammer also is a general surgeon in private practice. She is on staff at Penrose Hospital in Colorado Springs. Dr. Rothhammer represents the College on the federal Practicing Physicians Advisory Council and in the American Medical Association’s House of Delegates. She is a member of the College’s Development Committee and served as Secretary and Chair of the Board of Governors in 1996 to 1998 and 1998 to 1999, respectively.



Dr. Sabo



Dr. Rothhammer

By Board of Governors

ACS Regents and Governors named

The ACS Board of Governors has elected Barbara L. Bass, MD, FACS, and A. Brent Eastman, MD, FACS, Regents of the College.

Dr. Bass is professor of surgery, University of Maryland School of Medicine, Baltimore, MD. She has served as Chair of the Board of Governors since 1999 and as a member of its Executive Committee since 1998. She has also served as Chair of the Governors' Committee on Surgical Practice in Hospitals (1997-1998), and as a member of the ACS Communications, Organization, and Program Committees. She is also a member of the ACS Committee on Womens Issues. Dr. Bass has been a Fellow since 1989 and will serve an initial three-year term as Regent.

Dr. Eastman is associate clinical professor of surgery, University of California, San Diego. He has had an active role with the ACS Committee on Trauma since 1984 and served as it Chair from 1989 to 1994. He has been an Instructor for the Advanced Trauma Life Support (ATLS) certification course since 1992. Dr. Eastman has been a Fellow since 1976 and will serve an initial three-year term as Regent.

Re-elected to additional three-year terms as Regents were William H. Coles, MD, FACS; Richard J. Finley, MD, FACS; Jack W. McAninch, MD, FACS; and Maurice J. Webb, MD, FACS.

The Board of Governors elected J. Patrick O'Leary, MD, FACS, to a one-year term as Chair of its Executive Committee; Sylvia D. Campbell, MD, FACS, to a one-year term as Vice-Chair of the Executive Committee; and Timothy C. Fabian, MD, FACS, to a one-year term as Secretary.

Also elected to the Board of Governors' Executive Committee were Julie A. Freischlag, MD, FACS; Steven W. Guyton, MD, FACS; Rene Lafreniere, MD, FACS; and Courtney M. Townsend, Jr., MD, FACS.



Dr. Bass



Dr. Eastman



Dr. O'Leary



Dr. Campbell

In addition, the following individuals were elected as Governors of the American College of Surgeons:

Governors-at-Large

2001-2004 (unless otherwise noted)
Lewis Sellers, Alabama; Steven Floerchinger, Alaska; Paul Petelin, Arizona; James Atkinson, California; Richard Dorazio, California; Bruce Stabile, California; Lawrence Wagman, California; Jon Greif, California; Sharon Hammond, Colorado (two-year unexpired term); Anton Sidawy, District of Columbia; Robert Derhagopian, Florida; Charles Yeagle III, Florida; Kevin Accola, Florida; John Moenning, Florida; William Wood, Georgia; Scott Hundahl, Hawaii; Ardean Ediger, Idaho; Norman Estes, Illinois; Robert Pennington Jr., Indiana; Richard Garrison, Kentucky; Lynn Harrison, Jr., Louisiana; Desmond Birkett, Massachusetts; Michael Clarke, Missouri; Robert Harry, Nebraska; Roger Evans, New Hampshire; Kathleen Kelly, New Jersey; John Rahoche, New York; Milton Gumbs, New York; Saqib Chaudhry, New York; Massoud Eghrari, New York; Richard Furman, North Carolina; Howard Holderness, Jr., North Carolina; William Sternfeld, Ohio; Reynold Lopez-Enriquez, Puerto Rico; Carl Sweatman, Jr., South Carolina; Mary Milroy, South Dakota; Karl Jonas,

Tennessee; Peter Smith, Tennessee; Thomas Kimbrough, Texas (two-year unexpired term); Erwin Thal, Texas; William Purkert, Virginia; Rene Lafreniere, Alberta; Charles Scudamore, British Columbia; Robin McLeod, Ontario; Gilles Beauchamp, Quebec.

International Governors

Enrique Sabino Caruso, Argentina; Stephen Deane, Australia; Marcos Moraes, Brazil; Jose Amat, Chile; Angel Serrano, Ecuador; George Androulakis, Greece; Heshmatollah Kalbasi, Iran; Thomas Keaveny, Ireland; Michael Krausz, Israel; Emanuele Lezoche, Italy; Tatsuo Yamakawa, Japan; Rene Villarreal, Mexico; Alejandro Perea, Mexico; Edwin Acuna Olceser, Panama; Luis Leon, Peru; Jean-Claude Givel, Switzerland; Vivat Visuthikosol, Thailand; Eduardo Souchon, Venezuela.

Specialty Governors

Peter Hilger, American Academy of Facial Plastic and Reconstructive Surgery; Richard Holt, American Academy of Otolaryngology-Head and Neck Surgery; Mark Belsky, American Association of Orthopaedic Surgeons (one-year unexpired term); Ann Kosloske, American Academy of Pediatrics; Richard Turnage, Association for Academic Surgery; Charles Lucas,

American Association for the Surgery of Trauma; Glenn Warden, American Burn Association; Arnold Coran, American Pediatric Surgical Association; Stephen Hetz, U.S. Army; Kirby Bland, American Surgical Association; Gustavo Colon, American Society for Aesthetic Plastic Surgery; Mark Gittleman, American Society of Breast Surgeons; Richard Reznick, Association for Surgical Education (one-year unexpired term); Thomas Stevenson, American Society of Plastic Surgeons; Ronald Ferguson, American Society of Transplant Surgeons; Richard Williams, American Urological Association; Jeffrey Ballard, Peripheral Vascular Surgery Society; Stewart Hamilton, Royal College of Physicians and Surgeons of Canada; Gregory Stiegmann, Society of American Gastrointestinal Endoscopic Surgeons; Edward Partridge, Society of Gynecologic Oncologists; Donald Fry, Surgical Infection Society; Clarence Watridge, Southern Neurosurgical Society; Robert Stephens, Society for Surgery of the Alimentary Tract; Raphael Pollock, Society of Surgical Oncology; John Hammon, Jr., Southern Thoracic Surgical Association; David Dunn, Society of University Surgeons; Frank Veith, Society for Vascular Surgery.

Allied Meetings

Friday Morning

American Society of Colon and Rectal Surgeons, Web Site Committee
7:30 am - 8:30 am Breakfast Meeting
Hilton New Orleans Riverside, Oak Alley, Floor 3

Afternoon

American Society of Colon and Rectal Surgeons, Pre-Agenda
3:00 pm - 5:00 pm Meeting
Hilton New Orleans Riverside, Oak Alley, Floor

Evening

American Society of Colon and Rectal Surgeons, Executive Council
5:00 pm - 10:00 pm Meeting
Hilton New Orleans Riverside, Belle Chase, Floor 3

American Society of Colon and Rectal Surgeons, Executive Council
7:00 pm - 8:00 pm Dinner
Hilton New Orleans Riverside, Prince of Wales, Floor 2

Program Changes

Scientific Exhibits

SE 118
Postoperative Symptoms of Open Versus Closed Hemorrhoidectomy
John Francois C. Ojeda, MD

Hector Gayares, MD
Johanna Ong-Ojeda, MD
Nilo de los Santos, MD
Florentino, C. Doble, MD
East Avenue Medical Center, Quezon City, Philippines

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Registration totals

As of Thursday afternoon, total registration for the Clinical Congress was 12,326; 6,703 were physicians and the rest were exhibitors, guests, spouses, or convention personnel.